

FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD										Page _____ of _____	
1. APPLICANT			2. PA ID			3. PW #			4. DISASTER NUMBER		
5. LOCATION/SITE						6. CATEGORY			7. PERIOD COVERING to		
8. DESCRIPTION OF WORK PERFORMED											

  

NAME	DATE	DATES AND HOURS WORKED EACH WEEK							COSTS				
									TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE-	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
NAME	REG.									\$	/	\$	\$
JOB TITLE	O.T.									\$	/	\$	\$
Total Cost for Force Account Labor Regular Time											➡		\$
Total Cost for Force Account Labor Overtime											➡		\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED						TITLE				DATE			